UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Junious Nielsen	23 CV 56
Write the full name of each plaintiff.	CV (Include case number if one has been assigned)
-against-	COMPLAINT Do you want a jury trial?
	Yes No
Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

contained in Section II.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question			
Diversity of Citizenship			
A. If you checked Federal Question			
Which of your federal constitutional or federal statutory rights have been violated?			
B. If you checked Diversity of Citizenship			
1. Citizenship of the parties			
Of what State is each party a citizen?			
The plaintiff, Svals MTCLSe, is a citizen of the State of (Plaintiff's name)			
_ xw york state			
(State in which the person resides and intends to remain.)			
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of			
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.			

If the defendant is an individual:
The defendant, wolf of and the State of (Defendant's name)
Arkan Sans
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If the defendant is a corporation:
The defendant, walnut, is incorporated under the laws of
the State of As Kansas, New York
and has its principal place of business in the State of
or is incorporated under the laws of (foreign state)
and has its principal place of business in
If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.
II. PARTIES
A. Plaintiff Information
Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.
Junious & Willson
First Name Middle Initial Last Name
128 Kriczerps APTF
Street Address
County, City State Zip Code
S85-743-2317 Suckey S85 @ Snall.20
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	way.	art			
	First Name	Last Name			
		(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	MOLTOR, L	rebster NY	14580		
•	County, City	State	Zip Code		
Defendant 2:					
Deferration 2.	First Name	Last Name			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		
Defendant 3:					
	First Name	Last Name			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be served)				
	County, City	State	Zip Code		

Defendant 4:			
	First Name	Last Name	
	Current Job Title (or oth	ner identifying information)	
	Current Work Address (or other address where defe	ndant may be served)
	County, City	State	Zip Code
III. STATEMI	ENT OF CLAIM		
Place(s) of occur	rrence: GO	rece, NY	
Date(s) of occur	rence:	014-12/	2015
FACTS:	/	1	
	nat each defendant persor	your case. Describe what han ally did or failed to do that	• • •
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			A AMAIN DO CAMBRIANT OF THE PROPERTY OF THE PR

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
IV. RELIEF
State briefly what money damages or other relief you want the court to order.
1 do
enotional Distress = \$ 75,000
LOST Wages = \$5,000
Punitive dans ages = \$ 309,000
Liquited Janades = \$ 10,000
10 feet 0 an abe 5 = \$ 409,090

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06/30/2023	The state of the s
Dated	Plaintiff's Signature
Sunbus C	l'else
First Name , Middle Initial	Last Name
Dr. Krieder No	-1490 E
Street Address	
Montre webster 1	27 14580
County, City Sta	te Zip Code
OS)743-23\7	Junctory S&S Odmailies
Telephone Number	Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes

No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.